

## Chapter 82, Health and Safety Code, amended September 1, 1999

### *Section 82.001. Short Title*

This Chapter may be cited as the Texas Cancer Incidence Reporting Act.

### *Section 82.002. Definitions*

In this chapter:

- (1) **"Cancer"** includes:
  - (A) a large group of diseases characterized by uncontrolled growth and spread of abnormal cells;
  - (B) any condition of tumors having the properties of anaplasia, invasion, and metastasis;
  - (C) a cellular tumor the natural course of which is fatal; and
  - (D) malignant neoplasm.
- (2) **"Cancer treatment center"** means a special health facility devoted to the study, prevention, diagnosis, and management of neoplastic and allied diseases.
- (3) **"Clinical Laboratory"** means an accredited facility in which:
  - (A) tests are performed identifying findings of anatomical changes; and
  - (B) specimens are interpreted and pathological diagnoses are made.
- (4) **"Hospital"** means:
  - (A) a general or special hospital licensed under Chapter 241 (Texas Hospital Licensing Law); or
  - (B) The University of Texas System Cancer Center.
- (5) **"Precancerous disease"** means abnormality of development and organization of adult cells, which is a condition of early cancer without the invasion of neighboring tissue.

(6) “**Tumorous disease**” means a new growth of tissue in which the multiplication of cells is uncontrolled and progressive, also called neoplasm. It is a swelling, enlargement, or abnormal mass, either benign or malignant, that performs no useful functions.

### ***Section 82.003. Applicability of Chapter***

This chapter applies to records of cases of precancerous and tumorous diseases specified by the board and all cases of cancer, diagnosed on or after January 1, 1979, and to records of all ongoing cases of those diseases diagnosed before January 1, 1979.

### ***Section 82.004. Registry Required***

The board shall maintain a cancer registry for the state.

### ***Section 82.005. Content of Registry***

(a) The cancer registry must be a central data bank of accurate, precise, and current information that medical authorities agree serves as an invaluable tool in the early recognition, prevention, cure, and control of cancer and specified precancerous and tumorous diseases.

(b) The cancer registry must include:

- (1) a record of the cases of precancerous and tumorous diseases specified by the board and of cancer that occur in the state; and
- (2) information concerning those cases as the board considers necessary and appropriate for the recognition, prevention, cure, or control of those diseases.

### ***Section 82.006. Board Powers***

To implement this chapter, the board may:

- (1) adopt rules that the board considers necessary;
- (2) execute contracts that the board considers necessary;
- (3) receive the data from medical records of cases of cancer or precancerous or tumorous disease that are in the custody or under the control of clinical laboratories, hospitals, and cancer treatment centers to record and analyze the data directly related to those diseases;

- (4) compile and publish statistical and other studies derived from the patient data obtained under this chapter to provide, in an accessible form, information that is useful to physicians, other medical personnel, and the general public;
- (5) comply with requirements as necessary to obtain federal funds in the maximum amounts and most advantageous proportions possible;
- (6) receive and use gifts made for the purpose of this chapter; and
- (7) limit cancer reporting activities under this chapter to specified geographic areas of the state to ensure optimal use of funds available for obtaining the data.

### ***Section 82.007. Annual Report***

- (a) The department shall publish an annual report to the legislature of the information obtained under this chapter.
- (b) The department, in cooperation with other cancer reporting organizations and research institutions, may publish reports the department determines are necessary or desirable to carry out the purpose of this chapter.

### ***Section 82.008. Data From Medical Records***

- (a) To ensure an accurate and continuing source of data concerning precancerous and tumorous diseases specified by the board and concerning cancer, each hospital, clinical laboratory, and cancer treatment center shall furnish to the board or its representative, on request, data the board considers necessary and appropriate that is derived from each medical record of a case of one of those diseases that is in the custody or under the control of the hospital, laboratory, or treatment center.
- (b) A hospital, clinical laboratory, or cancer treatment center shall furnish the data requested under Subsection (a) in a format prescribed by the department.
- (c) The data required to be furnished under this section must include patient identification and diagnosis.
- (d) The board by rule may determine a reasonable amount for compensation to the hospital, clinical laboratory, or cancer treatment center for the cost of collecting or furnishing the data and shall pay that amount, within the limits of funds appropriated expressly for that purpose.
- (e) The data required to be furnished under this section may also be furnished only to:

- (1) cancer registries of hospitals; and
- (2) cancer registries of cancer treatment centers.

### ***Section 82.009. Confidentiality***

(a) Data obtained under this chapter directly from the medical records of a patient is for the confidential use of the department and the persons or public or private entities that the board determines are necessary to carry out the intent of this chapter. The data is privileged and may not be divulged or made public in a manner that discloses the identity of an individual whose medical records have been used for obtaining data under this chapter.

(b) Information that may identify an individual whose medical records have been used for obtaining data under this chapter is not available for public inspection under Chapter 424, Acts of the 63rd Legislature, Regular Session, 1973 (Article 6252-17a, Vernon's Texas Civil Statutes).

(c) Statistical information collected under this chapter is public information.

(d) Data furnished to a hospital cancer registry under Section 82.008 (e) is for the confidential use of the hospital cancer registry and is subject to Subsection (a).

### ***Section 82.010. Immunity From Liability***

The following persons subject to this chapter that act in compliance with this chapter are not civil or criminally liable for furnishing the information required under this chapter:

- (1) a hospital, clinical laboratory, or cancer treatment center;
- (2) an administrator, officer, or employee of a hospital, clinical laboratory, or cancer treatment center; and
- (3) a physician.

### ***Section 82.011. Examination and Supervision Not Required***

## Title 25, Health Services

### Part I. Texas Department of Health

### Chapter 91. Cancer

### Cancer Registry

#### *§91.1. Purpose.*

These sections implement the Texas Cancer Incidence Reporting Act, Health and Safety Code, Chapter 82, which authorizes the Texas Board of Health to adopt rules concerning the reporting of cases of precancerous and tumorous diseases and cancer for the recognition, prevention, cure, or control of those diseases, and facilitate participation in the national program of cancer registries established by 42 United States Code §§280e to 280e-4. Nothing in these sections shall preempt the authority of facilities or individuals providing diagnostic or treatment services to patients with cancer to maintain their own facility based tumor registries.

#### *§91.2. Definitions.*

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

- (1) **Act**—The Texas Cancer Incidence Reporting Act, Texas Health and Safety Code, Chapter 82.
- (2) **Ambulatory surgical center**—A facility licensed under the Texas Health and Safety Code, Chapter 243.
- (3) **Board**—Texas Board of Health.
- (4) **Cancer**—Includes a large group of diseases characterized by uncontrolled growth and spread of abnormal cells; any condition of tumors having the properties of anaplasia, invasion, and metastasis; a cellular tumor the natural course of which is fatal; and malignant neoplasm.
- (5) **Cancer reporting handbook**—The division's manual for cancer reporters which documents reporting procedures and format.
- (6) **Cancer treatment center**—A special health facility devoted to the study, prevention, diagnosis, and treatment of neoplastic and allied diseases.
- (7) **Clinical laboratory**—An accredited facility in which tests are performed identifying findings of

anatomical changes; and specimens are interpreted and pathological diagnoses are made.

(8) **Department**—Texas Department of Health.

(9) **Division**—Cancer Registry Division.

(10) **Health care provider**—A physician, hospital, outpatient clinic, nursing home and all other facilities, individuals, or agencies providing diagnostic or treatment services to patients with cancer.

(11) **Health professional**—An individual whose vocation or profession is directly or indirectly related to the maintenance of the health of another individual and duties that require a specified amount of formal education and may require a special examination, certification, or license or membership in a regional or national association.

(12) **Hospital**—A general or special hospital licensed under Health and Safety Code, Chapter 241 (Texas Hospital Licensing Law); The University of Texas System Cancer Center.

(13) **Personal data**—Information that includes items which may identify an individual.

(14) **Physician**—A person licensed by the Texas State Board of Medical Examiners to practice medicine in Texas.

(15) **Precancerous disease**—Abnormality of development and organization of adult cells; a condition of early cancer, without invasion of neighboring tissue.

(16) **Quality assurance**—Operational procedures by which the accuracy, completeness, and timeliness of the information reported to the department can be determined and verified.

(17) **Regional cancer registry**—The organization authorized to receive and collect cancer data for a designated area of the state and which maintains the system by which the collected information is reported to the department.

(18) **Regional director**—The physician who is the chief administrative officer of a public health region and is designated by the department under the Local Public Health Reorganization Act, Health and Safety Code, §121.007.

(19) **Report**—Information that is to be provided to the department; the notification to the appropriate authority of the occupancy of a specific cancer or tumorous disease in a person, including all information required to be provided to the department.

(20) **Statistical data**—Aggregate presentation of individual records on cancer cases excluding

patient identifying information.

(21) **Texas Cancer Registry**—The cancer incidence reporting system administered by the Cancer Registry Division.

(22) **Tumorous disease**—A new growth of tissue in which the multiplication of cells is uncontrolled and progressive, also called neoplasm; a swelling, enlargement, or abnormal mass, either benign or malignant, which performs no useful functions.

### *§91.3. Who Reports.*

(a) Each hospital or cancer treatment center shall report to the department, by methods specified in §§91.4-91.7 of this title (relating to Cancer Registry) required data from each medical record in its custody or under its control of cases of cancer or those precancerous or tumorous diseases specified by the board in §91.4 of this title (relating to What to Report).

(b) Each clinical laboratory shall report to the department, by methods specified in §91.6 of this title (relating to How to Report) required data from each medical record in its custody or under its control of cases of cancer or those precancerous or tumorous disease specified by the board in §91.4 of this title, except for cases reported or to be reported by subsection (a) of this section.

(c) Each ambulatory surgical center, physician or other health professional should report to the department, by methods specified in §91.6 of this title, required data from each medical record in his or her custody or under his or her control of cases of cancer or those precancerous or tumorous diseases specified by the board in §91.4 of this title, except for cases reported or to be reported by subsection (a) of this section.

(d) The department will furnish on request to each health care provider within the state requisite forms to be completed on all cancer cases.

(e) All hospitals, cancer treatment centers, and clinical laboratories providing diagnosis or treatment services to patients with cancer shall grant the department or its authorized representative access to all records which would identify cases of cancer or would establish characteristics of the cancer, treatment of cancer, or medical status of any identified cancer patient.

(f) All physicians, ambulatory surgical centers, outpatient clinics, nursing homes, hospices, and other facilities, individuals or agencies providing diagnosis or treatment services to patients with cancer should

grant the department or its authorized representative access to all records which would identify cases of cancer or would establish characteristics of the cancer, treatment or medical status of any identified cancer patient.

### §91.4. *What to Report.*

(a) Reportable conditions.

(1) Cases of cancer or those precancerous or tumorous diseases to be reported to the division are as follows:

(A) all neoplasms with a behavior code of two or three in the most current edition of the International Classification on Diseases for Oncology (ICD-O) with the exception of those designated by the division as non-reportable in the cancer reporting handbook;

(B) all benign and borderline neoplasms of the brain and central nervous system;

(C) cystadenomas of borderline malignancy of ovary (ICDO-2 codes C56.9 and M83801);

(D) hydatiform mole, malignant (ICDO-2 codes C58.9 and M91001); and

(E) any neoplasm specified malignant.

(2) Codes and taxa of the International Classification of Diseases, Ninth Revision, Clinical Modification which correspond to the division's reportable list are specified in the cancer reporting handbook.

(b) Reportable information.

(1) The data required to be produced or furnished shall include, but not be limited to:

(A) name, address, zip code, and county of residence;

(B) date of birth, sex, race and Spanish ethnicity, and birthplace, to the extent such information is available from the medical record;



(C) information on industrial or occupational history, to the extent such information is available from the medical record;

(D) diagnosis including the cancer site, cell type, tumor grade and size, stage of disease, date of diagnosis, and diagnostic confirmation method;

(E) first course of cancer-related treatment, including dates and types of procedures; and

(F) text information to support cancer diagnosis, stage and treatment codes, to be provided by facilities without a documented data quality program such as one approved by the American College of Surgeons.

(2) Each report shall:

(A) be legible and contain all data items required in subsection (b)(1) of this section relating to reporting requirements and complete documentation;

(B) be in a format prescribed by the division;

(C) meet all quality assurance standards utilized by the division;

(D) in the case of individuals who have more than one form of cancer, be submitted separately for each primary cancer or precancerous or tumorous disease diagnosed;

(E) be submitted to the division electronically, or manually if electronic means are unavailable; and

(F) be transported by secure means at all times to protect the confidentiality of the data.

### ***§91.5. When to Report.***

(a) All reports of cases shall be submitted to the department within six months of initial diagnosis or admission at their facility for the diagnosis or treatment of cancer. The following reporting timelines may be followed in lieu of the six months standard: reports for 1996 and 1997 cases may be submitted up

to 24 months after initial diagnosis or admission; reports for 1998 and 1999 cases may be submitted up to 18 months after initial diagnosis or admission; reports for year 2000 cases may be submitted up to 12 months after initial diagnosis or admission. Beginning with cases diagnosed in year 2001, all reports must be submitted within six months.

(b) Data shall be submitted at least quarterly; monthly submissions are recommended.

### ***§91.6. How to Report.***

A report of cancer can be made to the department by any of the following methods:

- (1) submission of a completed Confidential Cancer Reporting Form (TCR No.1);
- (2) submission electronically using one of the following methods:
  - (A) three and one half inch disk;
  - (B) magnetic tape;
  - (C) computer modem transmission; or
  - (D) the Internet.

### ***§91.7. Where to Report.***

- (a) Forms.
  - (1) All counties shall be assigned to a designated regional cancer registry of a public health region. Completed forms shall be submitted to the regional director or his designee at the public health region designated to receive data from where the person with cancer or precancerous or tumorous disease is diagnosed or treated.
  - (2) A map and list of public health regions, and the addresses of respective regional directors are available from the Texas Department of Health, 1100 West 49th Street, Austin, Texas, 78756-3199.
- (b) All electronic data reports should be submitted to the central office of the division to the Cancer

Registry Division, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199.

### **§91.8. *Compliance.***

(a) A cancer reporter in accordance with §91.3(a)-(b) of this title (relating to Who Reports) is considered compliant if he/she meets §91.4(a)(1) and (b) of this title (relating to What to Report), §91.5 of this title (relating to When to Report), and §91.6 of this title (relating to How to Report).

(b) A non-compliant reporter will be notified in writing as to his/her non-compliant status within 30 days following the end of the departmental designated quarter and will be given an opportunity to take corrective action within 60 days from the date of the notification letter. A second notification letter will be sent 30 days after the date of the original notification letter if no corrective action has been taken.

(c) If a cancer reporter is non-compliant and takes no corrective action within 60 days of the original notification letter, the department or its authorized representative may access the information from the hospital, cancer treatment center or clinical laboratory and report it in the appropriate format. In these cases, the hospital, cancer treatment center or clinical laboratory shall reimburse the department or the authorized representative for its cost to access and report the information. The hospital, cancer treatment center or clinical laboratory shall be notified at least two weeks in advance before arrival for collection of the information.

(d) Any hospital, cancer treatment center or clinical laboratory which is required to reimburse the department or its authorized representative for the cost to access and report the information pursuant to subsection (c) of this section shall provide payment to the department or its authorized representative within sixty (60) days of the day this payment is demanded. In the event any hospital, cancer treatment center or clinical laboratory fails to make payment to the department or its authorized representative within (60) days of the day the payment is demanded, the department or its authorized representative may, at its discretion, assess a late fee not to exceed one and one-half percent per month of the outstanding balance. Further, in the event that the representative takes legal action to recover costs and any associated fees, and the department or its authorized representative receives a judgement in its favor, the hospital, cancer treatment center or clinical laboratory shall also reimburse the department or its authorized representative for any additional cost incurred to pursue the legal action. Late fees and payment made to the department by hospitals, cancer treatment centers or clinical laboratories pursuant to this subdivision shall be considered as reimbursement of the additional costs incurred by the department.

### **§91.9. *Immunity from Liability.***

The following persons subject to this chapter that act in compliance with this chapter are not civilly or criminally liable for furnishing the information required under this chapter: a hospital, clinical laboratory, or cancer treatment center; or a ambulatory surgical center, physician or other health care provider. Staff of the division that disclose confidential data in the course of their job duties are not civilly or criminally liable for furnishing the information required.

### **§91.10. *Confidentiality and Disclosure.***

(a) Pursuant to the Texas Cancer Incidence Reporting Act, Health and Safety Code, Chapter 82, §82.009, all data obtained directly from the medical records of a patient is for the confidential use of the department and the persons or public or private entities that the executive deputy commissioner determines are necessary to carry out the intent of this chapter based upon the recommendation of the Committee on Requests for Personal Data in §181.11 of this title (relating to Requests for Personal Data). The data are privileged and may not be divulged or made public in a manner that discloses the identity of an individual whose medical records have been used for obtaining data under this chapter. Information that may identify an individual whose medical records have been used for obtaining data under this chapter is not available for public inspection under Government Code, Chapter 552. Statistical information collected under this chapter is public information.

(b) Only personnel authorized by the director of the department and other individuals authorized by the director of the division or his designee shall have access to the records.

(c) Photocopying or other reproduction of any clinical records or reports containing identifying information, except as may be required in the conduct of the official business of the department, is prohibited.

(d) Any legal documents other than the original incidence reports and abstracts, such as computer printouts or photocopies of any documents containing identifying information, shall also be considered confidential material while in active use, and shall be destroyed immediately upon termination of their use by the department.

(e) Information that characterizes the caseload of a specific cancer reporting institution or health care provider will be treated sensitively but the department will follow Government Code, Chapter 552.

### **§91.11. *Quality Assurance.***

(a) The department shall cooperate and consult with participating health care facilities so that such

facilities may provide timely, complete and accurate data. The department will provide:

- (1) reporting training, on-site case-finding studies, and reabstracting studies;
- (2) quality assurance reports to assure the computerized data utilized for statistical information and data compilation is correct; and
- (3) educational information available from the department morbidity and mortality statistics.

(b) The regional cancer registry shall maintain a system of quality assurance in accordance with procedures approved by the department.

### *§91.12. Requests for Statistical Cancer Data.*

(a) Statistical cancer data previously analyzed and printed are available upon written or oral request. All other requests for statistical data requiring programming and computer retrieval and for which a fee is levied under §§1.251-1.255 of this title (relating to Requests for Providing Public Information) shall be in writing and directed to: Cancer Registry Division, Texas Department of Health, 1100 West 49th Street, Austin Texas 78756-3199.

(b) To ensure that the proper data are provided, the oral or written request shall include, but not be limited to, the following information:

- (1) name, address, and telephone number of the person requesting the information;
- (2) type of data needed and for what years (e.g. lung cancer incidence rates, Brewster County, 1992-1995); and
- (3) name and address of person(s) to whom data and billings are to be sent (if applicable).

(c) The department's obligation to furnish the requested data is subject to the availability and accuracy of collected data.

(d) The department may charge for requested data in accordance with §§1.251-1.255 of this title (relating to Requests for Providing Public Information).

(e) Publications prepared by the Cancer Registry Division from its data for general distribution may be subject to a set fee per copy to offset the cost of printing.

### ***§91.13. Requests and Release of Personal Cancer Data.***

(a) Requests for data.

(1) Requests for personal cancer data shall be in writing and directed to: Texas Department of Health, Committee for Requests for Personal Data, Bureau of Vital Statistics, 1100 West 49th Street, Austin, Texas 78756-3199.

(2) Written requests for personal data shall include the following information and assurances:

(A) name and address of the agency, institution, or firm sponsoring the project;

(B) name, degree(s), title, address, and telephone number of the person who will direct the project;

(C) name and address of the agency, institution, or firm funding the project (if other than that shown in subparagraph (A) of this paragraph);

(D) names, degree(s) and titles of other persons who will have supervisory responsibilities in the project;

(E) specific purpose of the project and a statement of why the disclosure of this information is deemed necessary to accomplish this purpose;

(F) type of data needed and for what years (e.g., cervical cancer incidence, El Paso County, 1990-1995);

(G) action planned;

(H) results expected;

(I) assurances that the following conditions regarding the release of the requested data shall be met:

---

## The Rules

---

- (i) the data shall be treated as strictly confidential;
  - (ii) the data shall not be used for any purpose other than that specifically set forth in this subsection and shall not be used for any secondary purpose;
  - (iii) the data shall not be made available to any other individual agency, institution, or firm;
  - (iv) no follow back of any type shall be made to any individual, institution, or agency without written authorization by the Texas Department of Health;
  - (v) any data released by a project shall be restricted to aggregate data and shall not identify any individual or institution;
  - (vi) the Texas Department of Health shall be given credit as the source of the data;
  - (vii) a copy of the results of the project shall be furnished to the Texas Department of Health; and
  - (viii) if electronic media are provided, such media, after serving the purpose set forth in this subsection, shall be erased unless specific authority is requested and granted for their retention and future use;
- (J) name and address of person(s) to whom data and billing are to be sent must be provided; and
- (K) the release must be signed by the appropriate administrative officer of the sponsoring agency, institution, or firm.

(b) Release of data.

- (1) The division may provide reports containing personal data back to the respective reporting health care provider from records previously submitted to the division from each respective reporting entity for the purposes of case management and administrative studies. These reports will not be released to any other entity.

## The Rules

- (2) The division may release personal data to other bureaus of the department, provided that the disclosure is required or authorized by law. All communications of this nature shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.
- (3) The division may release personal data to the department's Cancer Registry Program personnel headquartered in public health regions or public health departments to facilitate the collection, editing, and analysis of cancer registry data for the respective geographic area. All communications of this nature shall be clearly labeled "Confidential" and will follow established departmental internal protocols and procedures.
- (4) The division may release personal cancer data to state, federal, local, and other public agencies and organizations in accordance with the standard guidelines for release of personal data as outlined in subsection (a) of this section.
- (5) The division may release personal cancer data to private agencies, organizations, and associations in accordance with the standard guidelines for release of personal data as outlined in subsection (a) of this section.
- (6) The division may release personal cancer data to any other individual or entities for reasons deemed necessary by the board to carry out the intent of the Cancer Incidence Reporting Act (Health and Safety Code, Chapter 82) and in accordance with the standard guidelines for release of personal data as outlined in subsection (a) of this section.
- (7) A person who submits a valid authorization for release of cancer data shall have access to review or obtain copies of the information described in the authorization for release.

### §91.14. *Statistical Reports*

The department shall publish annual reports of the information obtained under this Act. The department, in cooperation with other agencies, may publish reports the department determines are necessary to carry out the purpose of the Act.

Effective Date: August 6, 1999



Texas Cancer Registry  
Texas Department of Health

1100 West 49th Street  
Austin, Texas 78756  
Telephone 512/467-1239  
or 1-800/252-8059  
Visit our website at:  
<http://www.tdh.state.tx.us/tcr/>

September, 1999